



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

VIDEOTAPING

Effective Date: July 30, 2015

Policy #: TX-29

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I. PURPOSE:

- A. To establish guidelines for videotaping Montana State Hospital (MSH) staff treatments or interventions with patients.
- B. To identify circumstances under which videotaping may occur.

II. POLICY:

Videotaping may be used as a method to monitor staff procedures or interventions, to promote accountability, to promote safety for patients, to promote safety for staff, to provide an educational opportunity, and to train new staff.

III. DEFINITIONS:

- A. Planned Interventions – An intervention that is not considered an immediate emergency but does necessitate some physical interaction with a person or their property to maintain safety. A planned intervention could include administration of involuntary medication or contraband search of a person or their property.
- B. Crisis Response Coordinator – Licensed Independent Practitioner (LIP), Treatment Unit Program Manager, Nurse Supervisor, Licensed Nurse or professional health care staff that is supervising the intervention.
- C. Unit Intervention Team – Shall consist of staff from the treatment unit, security officers, and other nursing staff available for the intervention.

IV. RESPONSIBILITIES:

- A. Treatment Teams (LIP, Treatment Unit Program Manager, Unit Nurse Manager and others) – Decide when videotaping will be used to record a procedure or intervention; obtain recording equipment; and obtain authorization for the playing of the recording for others.
- B. Crisis Response Coordinator – Provide the patient with a clear explanation of the procedure or intervention to take place; the reason for the procedure or intervention; and why the procedure or intervention will be videotaped.
- C. Treatment Unit Program Managers – Conduct and complete required Patient Event Review and ensure that tapes, disks, and media storage units are securely stored.

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V. PROCEDURE:

- A. All planned procedures or interventions will be implemented via a Unit Intervention Team led by the Crisis Response Coordinator.
- B. The Crisis Response Coordinator will meet with staff that will be involved in the procedure to plan the recording of the intervention.
- C. The Crisis Response Coordinator will explain to the patient the procedure that will take place and why the event will be recorded.
- D. The Crisis Response Coordinator or the Treatment Unit Program Manager will ensure the tape, disk, or media storage device is marked with the patient's name and stored in a designated secure location.
- E. The Program Manager will ensure the recordings are properly stored; each recording device may be used for multiple interventions for the same patient. Upon discharge the tapes will be sent to the Director of Quality Assurance for storage.
- F. With the patient's or guardian's written consent and authorization, the recording may be used exclusively at MSH for pre-service or in-service training of staff in appropriate procedures and interventions.

VI. REFERENCES: None

VII. COLLABORATED WITH: Director of Clinical Services; Hospital Administrator, Director of Nursing, Program Managers, Director of Health Information, Director of Nursing, Director of Quality Assurance

VIII. RESCISSIONS: #TX-29, *Videotaping* dated November 14, 2011; #TX-29, *Videotaping* dated December 17, 2008

IX. DISTRIBUTION: All hospital policy manuals

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Director of Clinical Services

XII. ATTACHMENTS: None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director